

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <u>0 1 - 2 5</u>	2. STATE: Maryland
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) Medicaid	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE February 1, 2004	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: a. FFY <u>2004</u> \$ <u>0</u> b. FFY <u>2005</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: See Attached		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): See Attached	

10. SUBJECT OF AMENDMENT:
Details the limitations of the services that are provided under Mental Hygiene Administration's Rehabilitation Services.

11. GOVERNOR'S REVIEW (Check One):
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
 Susan J. Tucker, Executive Director
 Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Nelson J. Sabatini

13. TYPED NAME:
Nelson J. Sabatini

14. TITLE: Secretary, Department of Health and Mental Hygiene

15. DATE SUBMITTED:
March 31, 2004

16. RETURN TO:
 Susan J. Tucker, Executive Director
 DHMH - OHS
 201 W. Preston Street, Room 124
 Baltimore, MD 21201

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: MAR 31 2004	18. DATE APPROVED: DEC 03 2004
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: February 1, 2004	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Roxanne Gan for Nancy B. O'Connor</i>
21. TYPED NAME: Nancy B. O'Connor	22. TITLE: Acting Regional Administrator
23. REMARKS:	

FEDERAL REGULATION CITATIONS:

- Attachment 2.2A 42 CFR 435.10
- Attachment 2.6A 42 CFR Part 435, Section 435.10 and Subparts G&H AT-78-90, AT-80-6, AT-80-34, 1902(l) and (n) of the Act, P.L. 99-509 (Secs. 9401 and 9402), 1902 (l) and (n) and 1920 of the Act, P.L. 99-509 (Secs. 9401, 9402, and 9407)
- x Attachment 3.1A Part 400, Subpart B and 1902(e)(5), 1905(a)(18) through (20), and 1920 of the Act, P.L. 99-272 (Sections 9501, 9505 and 9526) and 1902(a), 1902(a)(47), 1902 (e)(7) through (9), and 1920 of the Act, P.L. 99-509 (Sections 9401(d), 9403, 9406 through 9408) and P.L. 99-514 (Section 1985(c)(3))
- Attachment 3.1B 42 CFR Part 440, Subpart B, 42 CFR 441.15, AT-78-90, AT-80-34
- Attachment 3.1C 42 CFR 431.53, AT-78-90
- Attachment 3.1F 1905(a)(24) and 1930 of the Act, P.L. 101-508 (Section 4712 OBRA 90)
- Attachment 4.18A 447.51 through 447.58
- Attachment 4.18C 447.51 through 447.58
- Attachment 4.19 A&B (a) 42 CFR 447.252, 46 FR 44964, 48 FR 56046, 50 FR 23009, 1902(e)(7) of the Act, P.L. 99-509 (Section 9401(d))
- (b) 42 CFR 447.201, 42 CFR 447.302, AT-78-90, AT-80-34, 1903(a)(1) and (n) and 1920 of the Act, P.L. 99-509 (Section 9403, 9406 and 9407), 52 FR 28648
- Attachment 4.16 42 CFR 431.615(c) AT-78-90
- Attachment 4.19D (d) 42 CFR 447.252, 47 FR 47964, 48 FR 56046, 42 CFR 447.280, 47 FR 31518, 52 FR 28141
- Attachment 4.22A (a) 433.137(a), 50 FR 46652, 55 FR 1423
- Attachment 4.22B (b) 433.138(f), 52 FR 5967, 433.138(g)(1)(ii) and (2)(ii), 52 FR 5967, 433.133(g)(3)(i) and (iii), 52 FR 5967, 433.138(h)(4)(i) through (iii), 52 FR 5967
- Attachment 4.22C Section 1906 of the Act
- Attachment 4.26 1927(g) 42 CFR 456.700, 1927(g)(1)(A), 1927(g)(1)(a) 42 CFR 456.705(b) and 456.709(b), 1927(g)(1)(B) 42 CFR 456.703(d) and (f), 1927(g)(1)(D) 42 CFR 456.703(b), 1927(g)(2)(A) 42 CFR 456.705(b), 1927(g)(2)(A)(i) 42 CFR 456.705(b), 1927(g)(2)(A)(i) 42 CFR 456.705(b), (1)-(7), 1927(g)(2)(A)(ii) 42 CFR 456.705(c) and (d), 1927(g)(2)(B) 42 CFR 456.709(a), 1927(g)(2)(C) 42 CFR 456.709(b), 1927(g)(2)(D) 42 CFR 456.711, 1927 (g)(3)(A) 42 CFR 456.716(a), 1927 (g)(3)(B) 42 CFR 456.716 (A) and (B), 1927(g)(3)(C) 42 CFR 456.716 (d) 1927(g)(3)(C) 42 CFR 456.711 (a)-(d), 1927 (g)(3)(D) 42 CFR 456.712 (A) and (B), 1927(b)(1) 42 CFR 456.722, 1927(g)(2)(A)(i) 42 CFR 456.705(b), 1927(j)(2) 42 CFR 456.703(c)
- Attachment 4.32A (a) 435.940 through 435.960, 52 FR 5967
- Attachment 4.33A (a) 1902(a)(48) of the Act, P.L. 99-570 (Section 11005), P.L. 100-93 (Section 6(a)(3))
- Attachment 4.35A (a) 1919(b)(1) and (2) of the Act, P.L. 100-103 (Section 4212(a))
- Attachment 4.35B (b) Same as above

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ATTACHMENT TO CMS FORM 179

8. Page number of the plan section or attachment:

Attachment 3.1A, Page 29C-1
Attachment 3.1A, Page 29C-2
Attachment 3.1A, Page 29C-3
Attachment 3.1A, Page 29C-4
Attachment 3.1A, Page 29C-5
Attachment 3.1A, Page 29C-6
Attachment 3.1A, Page 29C-7
Attachment 3.1A, Page 29C-8
Attachment 3.1A, Page 29C-9
Attachment 3.1A, Page 29C-10
Attachment 3.1A, Page 29C-11
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Attachment 3.1A, Page 29C-13
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Attachment 3.1A, Page 29C-16
Attachment 3.1A, Page 29C-17
Attachment 3.1A, Page 29C-18
Attachment 3.1A, Page 29C-19
Attachment 3.1A, Page 29C-20

9. Page number of the superseded plan section or attachment:

Attachment 3.1A, Page 29C-1 (93-10)
Attachment 3.1A, Page 29C-2 (93-10)
Attachment 3.1A, Page 29C-3 (93-10)
Attachment 3.1A, Page 29C-4 (93-10)
Attachment 3.1A, Page 29C-5 (93-10)
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Attachment 3.1A, Page 29C-7 (93-10)
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Attachment 3.1A, Page 29C-9 (93-10)
Attachment 3.1A, Page 29C-10 (93-10)
Attachment 3.1A, Page 29C-11 (93-10)
Attachment 3.1A, Page 29C-12 (93-10)
Attachment 3.1A, Page 29C-13 (96-08)
Attachment 3.1A, Page 29C-14(04-17)
Attachment 3.1A, Page 29C-14(04-17)

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE OF MARYLAND

PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan.	
d. Rehabilitation Services	A.- Services are to be delivered by programs organized to provide intensive, assertive mental health treatment and support services delivered on or off site and are limited to those specified in COMAR 10.21.19.06 and include: psychiatric evaluation, diagnosis and treatment; medication prescription, medication administration, and the monitoring of medication; interactive therapies (e.g. individual and group therapies) crisis intervention /emergency services; psychological services; individual treatment planning, health promotion and training; coordination and linkage of the services identified in the patient's individual treatment plan; and independent living skills assessment and training.
e. Mobile Treatment Services (MTS)	
	B. Service delivery is limited to the following qualified staff:
	1. A program director who:
	(a) Is a mental health professional;
	(b) Is available to provide MTS administration and supervision:
	(i) If fewer than 40 individuals are receiving services, for an amount of time calculated on the basis of ½ hour per week for individual who is receiving services, or
	(ii) If 40 or more individuals are receiving services, 20 hours per week;
	(c) Is responsible for operational oversight for, at a minimum:
	(i) Fulfilling the administrative requirements under COMAR 10.21.17 and the day to day

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STATE PLAN FOR MEDICAL ASSISTANCE
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PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive & i.e. other than those provided elsewhere in this plan. d. Rehabilitation Services e. Mobile Treatment Services	clinical responsibilities for MTS, (ii) Recruiting, hiring, training and supervising staff, (iii) Developing and implementing the budget, (iv) Keeping the governing body informed of, at a minimum, the program's approval status and performance. (v) Ensuring that MTS are available to the individual, if needed, 24 hours per day, 7 hours per week and establishing on-call responsibilities, (vi) Ensuring continuity of care during the time that an individual is receiving MTS be evaluating caseloads and coordinating staff schedules, and (d) May carry out any of the clinical and training duties of a mental health professional or other MTS staff.
	2. A psychiatrist who: (a) Is involved, for an amount of time calculated on the basis of at least ¼ hour per week for each individual who is receiving services, in: (i) Consultation with MTS staff, and (ii) Evaluating and providing MTS; (b) Ensures that MTS are provided in accordance with accepted standards of medical practice; (c) Following a screening evaluation of an individual completed under COMAR 10.21.19.04B and has an initial face to face contact with the individual, as required under COMAR 10.21.19.05A. This is done to:

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STATE PLAN FOR MEDICAL ASSISTANCE
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<u>PROGRAM</u>	<u>LIMITATIONS</u>
13. Other diagnostic, screening, preventive & i.e. other than those provided elsewhere in this plan. d. Rehabilitation Services e. Mobile Treatment Services	(i) Formulate and document, as well as diagnosis or affirm the psychiatric diagnosis that has been entered in the individual's MTS medical record, (ii) Assess medical needs (iii) Confirm the medical necessity of MTS, (iv) When appropriate, order MTS for the individual, and (v) Authorize the initial ITP; (d) Is responsible for, at a minimum, the following: (i) Evaluating the individual, face-to-face, at least every three months, (ii) As required under COMAR 10.21.19.05C, participates in the development, required periodic review and signing of an individual's ITP, (iii) Prescribing medication and providing other medication services under COMAR 10.21.19.06A, (iv) Providing the appropriate treatment indicated in the individual's ITP, and (v) Supervising psychiatric residents, if any, who provide MTS, including, if duties are delegated, providing, at least monthly, a review of the status of the individuals whom the resident is treating; (iv) Providing the appropriate treatment indicated in the individual's ITP, and

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PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive & i.e. other than those provided elsewhere in this plan.	(v) Supervising psychiatric residents, if any, who provide MTS, including, if duties are delegated, providing, at least monthly, a review of the status of the individuals whom the resident is treating;
d. Rehabilitation Services	(e) May delegate the following duties to a third or fourth year resident of an accredited program in psychiatry:
e. Mobile Treatment Services	(i) Except for the initial 3 month evaluation, the periodic evaluations as required under COMAR 10.21.19.08B(4)(a),
	(ii) Participation in the development, required periodic review and signing of an individual's ITP, required under COMAR 10.21.19.08B(4)(b),
	(iii) If the resident is a licensed physician, prescribing medication and providing other medication services, as required under COMAR 10.21.19.08B(4)(c), and
	(iv) As required under COMAR 10.21.19.08B(4)(d) providing the appropriate treatment indicated in the individual's ITP; and
	(f) May not delegate:
	(i) The initial psychiatric evaluation,
	(ii) Formulation and documentation of the psychiatric diagnosis or affirmation of a psychiatric diagnosis that has been entered in the individual's MTS medical record, or
	(iii) Ordering of MTS for an individual;

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STATE OF MARYLAND

PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive & i.e. other than those provided elsewhere in this plan. d. Rehabilitation Services e. Mobile Treatment Services	3. A registered nurse who: (a) Is licensed under the provisions of Health Occupations Article, Title 8, Annotated Code of Maryland; (b) Participates in MTS for an amount of time calculated on the basis of at least 1 hour per week for each individual who is receiving services; and (c) As permitted under Health Occupations Article, Annotated Code of Maryland, performs assigned duties that the nurse is credentialed and privileged to perform, including but not limited to: (i) Medication administration and other medication services outlined in COMAR 10.21.18.06 and (ii) Health promotion and training, as described in COMAR 10.21.18.06C; 4. At least one social worker who: (a) Is licensed under the Provisions of Health Occupations Article, Title 19, Annotated Code of Maryland; and (b) As permitted under Health Occupations Article, Annotated Code of Maryland, performs assigned duties the social worker is credentialed and privileged to perform, including but not limited to: (i) Interactive therapies, as outlined under COMAR 10.21.19.06D,

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PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive & i.e. other than those provided elsewhere in this plan.	(ii) Support, linkage and advocacy outlined in COMAR 10.21.19.06F, (iii) Discharge and transition services as outlined in COMAR 10.21.19.07; and
d. Rehabilitation Services	5. At least one mental health professional who: (a) May include the social workers, nurses and Physicians, and.
e. Mobile Treatment Services (MTS)	(b) As permitted under Health Occupations Article, Annotated Code of Maryland, performs assigned duties that the mental health professional is credentialed and privileged to perform, including but not limited to: (i) Conducting the screening evaluation required under COMAR 10.21.19.04B and participating in the initial psychiatric evaluation required under COMAR 10.21.19.05A, (ii) According to the provisions in COMAR 10.21.19.05C, reviewing and signing an individual's ITP, (iii) Have the duties outlined in 10.21.19.06 & .07, the mental health professional is licensed or credentialed and privileged to perform, (iv) When credentialed and privileged by the program to do so, functioning as the treatment coordinator for individuals who are receiving MTS, (v) Supervises direct service providers, and (vi) Assures that, before the provision of MTS and, as needed, on an in-service basis, appropriate training is provided to direct service providers.

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PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive, & provided elsewhere in this plan.	6. Additional Staff. As needed, based on the number of individuals served, the program director may include on the MTS staff direct service providers as detailed in COMAR 10.21.19.10
d. Rehabilitation Services	
f. Mobile Treatment Services	
(Continued)	C. Providers of Mobile Treatment Service are limited to those that are organized to deliver mobile treatment services and that are able to comply with regulations established by the Single State Agency.
	D. Services must be determined by a physician to be medically necessary and must be supported by an individual treatment plan.
	E. Vocational counseling, vocational training, at a classroom or job site, and academic/remedial education services are not reimbursable.
	F. Services provided to or for the primary benefit of individuals other than the eligible client are not eligible for reimbursement.
	G. Services delivered by telephone are not reimbursable.
	H. Services provided in an Institution for Mental Disease are not reimbursable.

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PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan. d. Rehabilitation Services e. Mobile Treatment Services	I. Services do not include: 1. Investigational and experimental drugs and procedures; 2. Rehabilitation services provided to hospital inpatients; 3. Rehabilitation visits solely for the purpose of either or both of the following: a. Prescription, drug or supply pick-up, or collection of laboratory specimens; or b. Interpretation of laboratory tests or panels. 4. Injections and visits solely for the administration of injections, unless medical necessity and the recipient's inability to take appropriate oral medications are documented in the patient's medical record, and 5. Separate reimbursement to any employee of a rehabilitation services program for services provided through a rehabilitation service program when the rehabilitation services program has been reimbursed directly.

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PROGRAM	LIMITATIONS
13. Other, diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan. d. Rehabilitation Services II. Outpatient Mental Health Centers	A. Services are to be delivered on site or off site and are to be limited to: psychiatric assessment and diagnosis; treatment; medication prescription, dispensing, administration, monitoring and education regarding medication; individual treatment planning and review; interactive therapies (individual, family, and group); psychological testing; health promotion and training; and crisis services. B. Service Delivery is limited to individuals who, as determined by the program, are appropriately credentialed and privileged. C. Required Staff who are authorized to provide services include: 1. A Program Director, who works a minimum of 20 hours per week, who is a mental health professional or who has a master's degree in mental health, health services or business administration, and who is responsible for the administrative oversight of the program as indicated in COMAR 10.21.17. In conjunction with the medical director, the program director is responsible for the credentialing, privileging, training and supervision of staff.

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PROGRAM	LIMITATIONS
13. Other, diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan. d. Rehabilitation Services II. Outpatient Mental Health Centers (Continued)	2. A Medical Director who is a psychiatrist who is on duty at the OMHC at least 20 hours per week and who is responsible for clinical services including clinical supervision of staff, quality management of treatment standards and prescribing practices. 3. A multidisciplinary staff that is sufficient to provide clinical services and includes representation from at least two mental health professionals as defined in COMAR 10.21.17.02B(29) that may include: i. Clinical nurse, ii. Psychologist, iii. Licensed certified social worker, iv. Licensed certified professional counselor, v. Occupational therapist or any other mental health professional authorized under health occupations. 4. Volunteers, Students, and Trainees. The program may use volunteers, students, and trainees according to the provisions of COMAR 10.21.17.09E.

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